

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-031825
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 104 Primary Registration District No. 4176 Registrar's No. 23

FILED SEP 3 1963

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dunklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Malden		c. CITY OR TOWN Malden	
Length of stay in 1b 5 years		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence		d. STREET ADDRESS (If outside, give location) 302 North Elm	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First GUY Middle WILLIAM Last CHRISMAN		4. DATE OF DEATH Month August Day 21 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH June 18, 1894
9. AGE (last birthday) 69		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Station Agent	11. BIRTHPLACE (City and state or country) Ardeola, Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Station Agent		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Cassius E. Chrisman		13b. MOTHER'S MAIDEN NAME Eda Hurdle	14. NAME OF HUSBAND OR WIFE Anna Chrisman, wife
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) World War I		16. SOCIAL SECURITY NO.	
17. INFORMANT Anna Chrisman, wife		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>21 Aug 63 9:15 PM</u> to <u>9:30 PM</u> and last saw her alive on <u>21 Aug 63</u> Death occurred at <u>9:30</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Wm P Morehead M.D.</u>		22b. ADDRESS <u>Malden Mo</u>	
22c. DATE SIGNED <u>23 Aug 63</u>		23d. LOCATION (City, town, or county) (State) <u>Dexter Missouri</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>August 24, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Dexter Cemetery</u>	
24. FUNERAL DIRECTOR <u>Landess Funeral Home Malden, Missouri</u>		25. DATE RECD. BY LOCAL REG. <u>8-30-63</u>	
26. REGISTRAR'S SIGNATURE <u>J. D. Schuman</u>		27. DATE SIGNED <u>23 Aug 63</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK
OR
TYPEWRITER RIBBON

VS 300
Rev. 4/59

1 0356
2 0356
3 2
4 0
5 1
6
7 0
8 2
9 420-1
10
11
12 90-0
13 3-0

SEP 4 1963

SEP 6 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Richard V. Beall

Licensed Embalmer No. 5116

P. O. Address Malden, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.